

**Troy Community Center**  
**Recreation Pass Electronic Transfer Agreement**  
 3179 Livernois, Troy, MI 48083 • (248) 524-3484

Last Name on Account \_\_\_\_\_ First Name \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Additional Pass Holder(s) using same EFT account \_\_\_\_\_

I hereby authorize the City of Troy and the designated financial institution to begin automatic deductions from my account designated below in the amount of my monthly membership dues and fees:

Financial Institution (☐ Checking ☐ Savings) \_\_\_\_\_

Transit/Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

Credit Card (Visa or Mastercard) Account \_\_\_\_\_ Exp Date \_\_\_\_\_

**Terms of Electronic Transfer Agreement**

- I understand that I am responsible for ensuring that the account designated above has sufficient available funds on my automatic payment date to allow for the automatic deduction of payment for my pass and any associated passes.
- I have attached a **voided check** to ensure the accuracy of the account number and transit/routing number shown above if EFT are to be taken from my checking or savings account.
- I understand that the amount of the monthly deduction will be \$ \_\_\_\_\_ unless I am notified otherwise. The first EFT will take place on \_\_\_\_\_.
- I understand that I must pay four months in advance at the time of processing my Recreation Pass.
- I understand installments will be taken from my account on/about the 15<sup>th</sup> of the month prior to the upcoming month of recreational services (i.e. January 15<sup>th</sup> installment is for February usage).
- I understand that I will receive written notice in advance of any change in the date of my automatic deduction, or any change in the amount due. I understand that automatic deductions will continue even if there is a change in the date of the deductions or amount due for my membership, including the renewal of that membership or the addition or removal of family members from my membership.
- I understand the City of Troy will suspend my Recreation Pass if it is unable to collect any payment due and that I am liable for any uncollected payment and for any fees or penalties (\$25 Service Fee) imposed by the Troy Parks and Recreation Department.
- I am obligated for payment of the Recreation Pass(es) and any other outstanding fees related to it.
- This agreement will remain in effect until I have notified the Troy Parks and Recreation Department **in writing at least 30 days prior to my monthly installment date** of any changes to my account or other funded accounts that would prevent the monthly charge from being processed.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**HH Number:** \_\_\_\_\_ **Date Submitted:** \_\_\_\_\_ **Amt Pd:** \_\_\_\_\_ **Existing EFT? Yes No**

**New Account Number: Yes No** **Staff Initials** \_\_\_\_\_